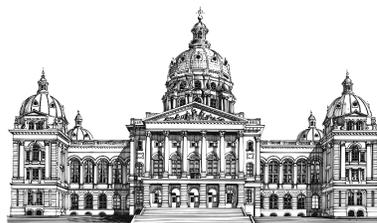

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Case Management Program

ISSUE

A review of how the Department of Elder Affairs' (DEA) Case Management Program (CMP), including individualized client plans, has impacted individuals remaining in the home.

AFFECTED AGENCIES

DEA

Department of Public Health

Department of Human Services (DHS)

Department of Inspection and Appeals

CODE AUTHORITY

Section 231.56, Code of Iowa

BACKGROUND

The 1986 General Assembly established a Long Term Care Coordinating Unit (LTCCU), which included the agencies listed above. Two consumer members are appointed by the Governor to the LTCCU. One of the responsibilities of the LTCCU is to develop mechanisms and procedures to implement a community-based, case-managed system of long term care service delivery based upon the use of a comprehensive assessment tool.

Initiated in 1987 with 2 demonstration projects in Cerro Gordo and Linn Counties, the CMP is currently utilized by 9 Area Agencies on Aging (AAA) administering case management programs for the frail elderly. As of October 1, 1993, it is anticipated that all 13 AAA will be included in the CMP.

The CMP is defined as a comprehensive system in which each client's care is monitored by an individual case manager. The case manager assists clients in making appropriate use of the long term care continuum. The system includes the following functions.

- Screening
- Assessment

- Interdisciplinary case conferences
- Written plan of care
- Information about referral to, or provision of service
- Case monitoring
- Ongoing follow up and reassessment to assure proper placement within services
- Evaluation of results of services
- Exit planning

Entry into the CMP occurs through the Functional Abilities Screening Evaluation (FASE). The purpose of FASE is to indicate persons who may have multiple problems or service needs and to identify persons who may participate in a comprehensive assessment of needs through the Kansas State Assessment System (KanSAS) assessment tool. The KanSAS assessment tool supplies information on an individual needed to make long term care decisions by projecting multiple service needs and/or multiple service providers. Multiple needs are indicators of the need for coordination of services and case management. Persons with multiple needs are invited to participate in an interdisciplinary team staffing where individualized care plans are developed, initial arrangements for services are made, and case managers are appointed.

Case management services are then provided. The services include:

- Implementation of the care plan
- Regular communication with the client
- Advocacy on behalf of the client
- Regular communication with the client's service providers
- Monitoring of service appropriateness
- Quality and frequency of services
- Regular reassessment of the client's needs

In addition, the Social Security Act authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements to cover an array of home and community-based services as an alternative to institutionalization. Attachment A lists the services included in Iowa's Medical Waiver.

The targeted population served by the CMP includes persons over the age of 60 who have potential for the following:

- Multiple or complex problems, which are often chronic in nature
- Multiple service needs
- Problems that are vague, poorly defined, or indicate a change in status
- Need of a personal advocate due to being alone
- Circumstances exist which make it difficult to remain at home
- Institutional care is being considered

- Evidence of physical or emotional abuse

CURRENT SITUATION

The following counties participated in the CMP in FY 1993: Black Hawk, Cerro Gordo, Decatur, Dubuque, Fayette, Hamilton, Howard, Johnson, Keokuk, Linn, Muscatine, Polk, Ringgold, and Scott. By August 1, 1993, it is anticipated that Story, Jasper, Clinton, Hancock, and Clark counties will be included in the CMP. By October 1, 1993, 4 additional counties are anticipated to be added in the 4 AAA which currently do not have the CMP. Discussion is underway for adding 5 additional counties (Wapello, Chickasaw, Hardin, Kossuth, and Wright) before the end of FY 1994.

For FY 1992, the following activities were reported to the DEA from Black Hawk, Cerro Gordo, Decatur, Dubuque, Fayette, Hamilton, Howard, Johnson, Keokuk, Linn, Muscatine, Polk, Ringgold, and Scott Counties:

ACTIVITY	NUMBER	
FASE	3,089	
KanSAS Assessment Tools	803	
New Clients to CMP	538	
New Clients Meeting Medicaid Medical Necessity Criteria for Intermediate Level of Care	246	
Discharges		
Rehabilitated/No Longer Need Services/Inactive	114	(30.6%)
Institutionalization	110	(29.6%)
Death	60	(16.1%)
Request of the Client	58	(15.6%)
Moved from Area	24	(6.4%)
Client's Needs can not be met	4	(1.1%)
Other	2	(0.5%)
Total Discharges	372	
Average Length of Stay of Discharged Clients in CMP	8.5 months	
Range of Length of Stay of Discharged Clients in CMP	1 to 61 months	

Currently a survey is being conducted by the DEA through the case managers in the AAA to determine satisfaction with the CMP. Areas of evaluation include:

- Client satisfaction with the CMP
- Client's family satisfaction with the CMP
- Client's living arrangements
- Cost of services as opposed to nursing care

ALTERNATIVE

The primary alternative to the CMP is the premature institutionalization of individuals over 60 years of age. Premature institutionalization would result in the need for additional beds in nursing care facilities, which is more costly than in-home care.

BUDGET IMPACT

The FY 1993 appropriation for the CMP was \$330,000. For FY 1994, the appropriation has been increased to \$650,000. The following is the distribution of the FY 1994 allocation based upon the AAA requests and approval by the Commission for the DEA

<u>. AREA AGENCY ON AGING</u>	<u>ALLOCATION</u>
Area I	\$ 46,980
Elderbridge	52,865
Northwest Aging Association	48,190
Area IV	48,245
Hawkeye Valley	51,325
Scenic Valley	47,365
Great River Bend	49,070
Heritage	50,720
Crossroads of Iowa	54,240
Southwest 8 Senior Service, Inc.	48,796
Area XIV	46,485
Seneca	48,355
Southeast Iowa	47,365
DHS Contract	10,000
Total	<u>\$ 650,000</u>

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Iowa has selected the following services for inclusion in Iowa's Medicaid waiver for the elderly:

- Adult Day Services - Services provided in a day care setting for elderly persons who need supervision and assistance.
- Emergency Response System - An electronic monitoring system placed in the home of an elderly person which will alert medical personnel in case of an emergency.
- Home Health Services - Personal assistance and home health services not normally covered under a State Medicaid Program, including assistance with bathing, dressing, and a variety of other daily activities.
- Respite Care Service - Temporary care provided in a health care facility or the client's home to provide relief for the caregiver.
- Nursing Care Services - Services provided by licensed agency nurses to clients in the home. Nursing Care Services must be reasonable and necessary to the treatment of an illness or injury and included in a plan of treatment established by a physician.
- Homemaker Services - Assistance with cleaning, meal preparation, shopping and other duties the client is unable to do for themselves.
- Chore Services - Provision of window and door maintenance, minor repairs to walls, floors, stairs, railings and handles, heavy cleaning which including cleaning attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care or painting and trash removal, and yard work.
- Home Delivered Meals - Home delivered meals mean meals prepared elsewhere and delivered to a waiver recipient at the recipient's residence. Each meal shall ensure the recipient receives a minimum of one-third of the required daily allowance needed in a day.
- Home and vehicle modification - This service covered home and vehicle modifications.
- Mental Health Outreach - Mental health outreach services are services provided in a recipient's home to identify, evaluate, and provide treatment and psychosocial support.
- Transportation - Transportation services may be provided for recipients to conduct business errands, essential shopping, to receive medical services not reimbursed through medical transportation, and to reduce social isolation.

In order to be eligible for the elderly waiver the following criteria must be met:

- The person must be sixty-five years of age or older.
- The person must be a resident of one of the following counties: Black Hawk, Cerro Gordo, Decatur, Dubuque, Fayette, Hamilton, Howard, Johnson, Keokuk, Linn, Muscatine, Polk, Ringgold, Scott, Story, Jasper, Clinton, Hancock and Clarke Counties.
- The person must be eligible for Medicaid or meet eligibility guidelines for a person in a medical institution (income, resources).
- The person must be certified as being in need of care in an intermediate care facility, or a skilled nursing facility. They must reside outside of a medical institution or nursing facility.
- The person must receive case management services from the Case Management Program for the Frail Elderly (CMPFE).
- The total monthly cost of the elderly waiver services cannot exceed the cost of the recipient's level of care if it were provided by a skilled nursing facility or an intermediate care facility.

(Source: Department of Elder Affairs)